

Yes, I want to make a contribution to the QEII Health Sciences Centre to support:

PANCREATIC CANCER RESEARCH

PANCREATIC CANCER PATIENT SUPPORT

YOUR INFORMATION:

Mr Miss Mrs Ms Dr Reverend

Name

Address

City

Prov.

PC

Phone

Email

My gift is in memory

Name of Person

Please send notification of my gift to

Mr Miss Mrs Ms Dr Reverend

Name

Address

City

Prov.

PC

Relationship to deceased

We will send an acknowledgement of your donation to the person above. Dollar amounts will not be referenced.

PAYMENT OPTIONS:

One time gift amount of \$_____

I have enclosed a cheque/money order made payable to **QEII Foundation** (please do not mail cash)

CREDIT CARD

VISA MC AMEX

CARD #

EXPIRY (mm/yy)

SIGNATURE

Mail to: **QEII Foundation**

1276 South Park Street, Rm 1-040, Halifax, NS B3H 2Y9

Charitable Business No. 88646-3496 RR0001

QEII FOUNDATION

EXCELLENCE • INNOVATION • LEADERSHIP